



Connecticut College of Emergency Physicians

Written Testimony
Daniel Freess, Past President
Connecticut College of Emergency Physicians
HB 5190: An Act Concerning Testing for Human Immunodeficiency Virus
Public Health Committee
Wednesday, March 9, 2022

Senator Daugherty Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit, and the distinguished member of the Public Health Committee, thank you for taking the time to read my written testimony today. My name is Daniel Freess and I am a practicing emergency physician at Hartford Hospital in Hartford. I am also a Past President of the Connecticut College of Emergency Physicians and a resident of West Hartford.

While my fellow emergency physicians and I understand the sentiment behind this bill, we **cannot support** its passage and recommend **against** the provision calling for non-emergency HIV testing in the emergency department. Though more and more outpatient screening and public health type processes are being backloaded onto the ED on a daily basis, the core mission of the emergency department is and must remain to treat emergent conditions and complaints. We do not have the structure to provide long term care or follow up for patients, nor the appropriate resources to manage or guide longitudinal treatment of chronic illnesses.

Though it remains a major public health concern, HIV is rarely an emergency condition. Thus, testing is initiated from the emergency department only in very select cases such as concern for active symptomatic HIV infection, high risk encounters such rape or blood-related contact with a known positive individual, or severe unexplained infection potentially complicated by AIDS. When this testing is done, it is performed as part of a continuity of care typically involving admission to the hospital or established follow up with a defined care team.

To require emergency physicians to offer HIV testing to all patients (13 years or older) regardless of medical indication raises many problems and concerns. First, this will extend the length of stay for many patients who agree to testing as even if a rapid test is performed (which typically is not the HIV testing utilized in the emergency department), it will be a meaningful length of time till results return. In a setting of critical ED boarding and crowding, this will have a profound and detrimental effect on EDs and patient care. If these patients are discharged

prior to the tests resulting, this creates an even greater problem as there is often no effective manner of communicating the results with patients and even less ability to provide necessary follow up guidance and care.

Secondly, the diagnosis of HIV has significant personal, social, medical, and community consequences that cannot be properly addressed from the emergency department. In addition to the risk of patients potentially receiving a positive HIV Test result before the ED physician can present them with the result, even on the best of days, ED physicians do not have the ability to provide the social, psychological, and medical resources necessary to initiate the comprehensive HIV-related care that is required after a positive test. This care and environment are best provided in the outpatient setting either through a dedicated primary care provider or infectious disease clinic.

Lastly, there is the issue of cost. This test is unlikely to be reimbursed by insurance from an emergency department unless it is medically indicated on an emergency basis. Even if covered, with deductibles and particularly high deductible plans, this creates a not insignificant cost for the patient as well as the health system which does not always receive reimbursement for bills assigned to the patient by insurance.

In summary, we would not be opposed to measures to increase testing in the outpatient environment where proper follow up, resources, and care can be initiated, but the emergency department is not the appropriate site or location for this type of routine/non-emergent testing.

Should you have any further questions, concerns, or desire to visit the emergency department, feel free to get in touch with me at any time. Thank you!

Sincerely,
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